SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. ed by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. A danvery address different from item 1? Article Addressed to: If YES, enter delivery address below: □ No AUG 1 52011 arter Lilley rporate Counsel cier Northwest, Inc. Box 1730 3. Service Type Certified Mail ☐ Express Mail ttle, WA 98111 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail COD. Restricted Delivery? (Extra Fee) ☐ Yes e Number 0000 8073 4937 0150 fer from service label) n 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

